

**DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION**

☒ Original ☐ Supplemental ☐ Substitute

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

**Additional Therapeutic Use**

the specification of which:

☐ is attached hereto.

☒ was filed on 21/12/1999 as Application No. 09/468,663  
(day/month/year)

and, if this box (☐) contains an \*

☐ was amended on \_\_\_\_\_  
(day/month/year)

☐ was filed as Patent Cooperation Treaty international Application No.

\_\_\_\_\_ on \_\_\_\_\_  
(day/month/year)

and, if this box (☐) contains an \*

☐ entered the national stage in the United States and was accorded Application No.

\_\_\_\_\_ and, if this box (☐) contains an \*

☐ was amended, subsequent to entry into the national stage, on \_\_\_\_\_  
(day/month/year)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose all information which is known by me to be material to the patentability of this application as defined in 37 C.F.R. § 1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED
European Pat. Off.	98811257.9	23.12.1998	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119 (e) of any United States provisional application(s) listed below:

APPLICATION NO.	FILING DATE (day/month/year)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and under 35 U.S.C. §365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge my duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

United States Application No.	United States Filing Date (day/month/year)	Status (Pending, Abandoned or U.S. Patent No.)	International Application No. and Filing Date

I hereby appoint the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If these brackets contain an X [X], I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from the Patents and Trademarks Division of Novartis Services AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please address all communications to Michael W. Glynn, Novartis Corporation, Patent and Trademark Department, 564 Morris Avenue, Summit, NJ 07901-1027.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole  
or first joint inventor

**Gillian Rosemary BULLOCK**

Inventor's signature

Gillian Rosemary Bullock

Date

22.1.00

(day/month/year)

Residence

**Maresfield, Uckfield, E.Sussex TN22 3AY  
Great Britain**

Citizenship

**British**

Post Office Address

**East Holme Farm  
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Great Britain**

**IMPORTANT:** Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Full name of second  
joint inventor, if any

**Marc DE GASPARO**

Inventor's signature



Date

14. 2. 00

(day/month/year)

Residence

**2842 Rossemaison, Switzerland**

Citizenship

**Swiss**

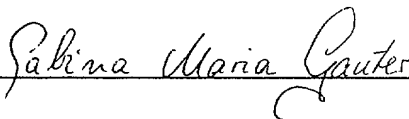
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Full name of third  
joint inventor, if any

**Sabina Maria GANTER**

Inventor's signature



Date

03.02.00

(day/month/year)

Residence

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Citizenship

**German**

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Germany**

Full name of fourth  
joint inventor, if any

Inventor's signature

Date

(day/month/year)

Residence

Citizenship

Post Office Address